

WISCONSIN DEPARTMENT OF HEALTH AND FAMILY SERVICES
Division of Health Care Financing
Bureau of Health Care Eligibility
1 West Wilson Street
PO Box 309
Madison WI 53701-0309

TO: Medicaid Eligibility Management Handbook Holders

FROM: Cheryl McIlquham, Director
Bureau of Health Care Eligibility

RE: Medicaid Eligibility Management Handbook Release 02-05

DATE: December 18, 2002

EFFECTIVE DATE

Release and effective dates are on each page in the upper left-hand corner. The first is the release date; the second is the effective date. Policy changes are noted with a vertical line. Deletions are noted with a horizontal line.

Implement the instructions at application, review, and change, or, if you wish, earlier. If there is a different effective date or implementation schedule, it will be noted below.

The following changes are included in this release:

CHANGES

Effective January 1, 2003 all functions related to the Medicaid Eligibility Management Handbook are transferred to the Department of Health and Family Services (DHFS) from the Department of Workforce Development (DWD).

In order to ensure that DHFS has the correct address for all subscribers, DHFS is asking everyone to complete the information on the following website:

http://www.dwd.state.wi.us/dws/staff/manual_updates/

This site will be available from December 15, 2002 through February 15, 2003. If you have not completed the information on this site by February 15, 2003, you will be removed from the Medicaid Eligibility Management Handbook distribution list. You should complete the following information:

- Agency Name.
- First Name.
- Last Name.
- Street Address. Do not enter a P.O. Box for the street address. The releases can only be delivered to street addresses.

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- City.
- State.
- Zip Code.
- Email Address.
- Phone.

All Economic Support Agencies (ESA) need to designate a person as a contact for future releases, and complete the "Number of Copies Needed" field.

Private agencies (anyone that currently pays for the Medicaid Handbook releases) should check the box at the bottom of the page with the lead in text "Check this box if you are a private agency (rather than a government agency)."

Beginning January 1, 2003, if you need to make any changes to any of the information listed above, contact Sue Bach by:

Mail: Sue Bach
DHCF
P.O. Box 309
Madison, WI 53701

E-mail: bachsf@dhfs.state.wi.us

Telephone: (608) 261-7787

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Handbook Maintenance

1. Appendix 19.0.0: Attached are the pages that were missing from the 03-01 release. Replace pages 1 and 2, 5 through 8 with the new pages.
2. Forms: Several forms were provided in the 03-01 release. Those forms were to replace old forms or were new forms to be added to the forms section. All other forms should have been renumbered until issued in a future release.